PTO/SB/06 (08-00)
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMAI	L ENTITY	OR	OR SMALL ENTITY		
FOR		NUMBE	NUMBER FILED NUMBER		EXTRA	RAT	E FEE	1	RATE	FEE
	SIC FEE CFR 1.16(a))					1	s.375	OR		s
	AL CLAIMS CFR 1.16(c))	9	minu	s 20 = * 🕏		x \$	=	OR	x \$ =	
	EPENDENT CLA	AIMS	minus 3 = *			x	_=	OR	x=	
MULTIPLE DEPENDENT CLAIM PRESENT				T (37 CFR 1.16(d))			=	OR	+=	
♣ If the difference in column 1 is less then zero, enter "0" in column 2						тот	AL 375 0	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMA	LL ENTITY	OR	OTHER T	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$	_=	OR	x \$=	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x	_=	OR OR	x=	
	FIRST PRES	ENTATION OF M	JL TIPL E DEF	ENDENT CLAIM	(37 CFR 1.16(d))	1 -	_=	OR	+=	
(Column 1) (Column 2) (Column 3)						TOT.		OR	TOTAL ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	-	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ADDI-		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$	_=	OR	x \$=	
	Independent (37 CFR 1.16(b))	*	Minus	***	-	x	_=	OR OR	x=	
	FIRST PRES	SENTATION OF M	ULTIPLE DEI	PENDENT CLAIM	(37 CFR 1.16(d))	 	_=	OR	+=	
(Column 1) (Column 2) (Column 3)						TO: ADDIT. I	TAL FEE	OR	TOTAL ADDIT, FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	•	Minus	**	=	x \$	_=	OR	x \$=	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x	_= .	OR OR	x=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+_	_=	OR	+=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".										
*** lf Ti	the "Highest Num ne "Highest Num!	mber Previously Paid per Previously Paid I	For" IN THIS	S SPACE is less than Independent) is the high	3, enter "3". shest number foun					

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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